

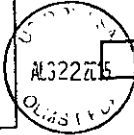
FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

E



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>822049</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>PHILIP E LUKIC</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1870 E 19 ST</u> City <u>CLEVELAND</u> State <u>OHIO</u> ZIP Code + 4 <u>44114</u>	4. Name, file number, and address of labor organization. Name <u>BCTGM LU 19</u> Labor Organization File Number <u>022303</u> P.O. Box, Building and Room Number, if any _____ Street <u>1870 E 19 ST</u> City <u>CLEVELAND</u> State <u>OHIO</u> ZIP Code + 4 <u>44114</u>
5. Position in labor organization. <u>FINANCIAL SECRETARY AND BUSINESS AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>NA</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <u>NA</u> 7.b. Amount. <u>-0-</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/15/2005
Date

216 771 5386
Telephone Number

Name of Person Filing <u>DAVID LUKIC</u>	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>BALERS LOCAL 19 CEN FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>18710 R.A. ST.</u></p> <p>City <u>CLEVELAND</u></p> <p>State <u>OHIO</u> ZIP Code + 4 <u>44114</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>FUND PARTICIPANT</u></p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p><u>POST HOLIDAY LUNCHEON DISCUSSION</u></p> <p>12.b. Amount. <u>\$96.00</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). <u>NA</u></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p><u>NONE</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment <u>0</u></p>

Name of Person Filing PHILIP LUKIC	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **CLEVELAND BAKERS/TEAMSTERS HAW FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1870 E 19 ST.**

City **CLEVELAND**

State **OHIO** ZIP Code + 4 **44114**

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **CLEVELAND BAKERS/TEAMSTERS HAW FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1870 E 19 ST.**

City **CLEVELAND**

State **OHIO** ZIP Code + 4 **44114**

11.a. Nature of such dealing.

ALTERNATE TRUSTEE OF FUND AND PARTICIPANT OF FUND.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REGISTRATION FEE FOR NLMC 2005.

12.b. Amount. **\$795.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

NA

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

NONE

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment. **-0-**

Name of Person Filing

Philip Lukic

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BAKERS LOCAL 19 COUNCIL FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E. 19 ST

City CLEVELAND

State OHIO ZIP Code + 4 44114

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

FUND PARTICIPANT

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

DINNER - FOR STAFF FOLLOWING
TRUST SPONSORED EVENT
OUT OF TOWN OVERNIGHT

12.b. Amount.

\$40.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

NONE

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

- 6 -

Name of Person Filing

Philip Lusic

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BALERS LOCAL 19 CIO FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E 19 ST.City CLEVELANDState OHIO

ZIP Code + 4

44114

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

FUND PARTICIPANT.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

DINNER - FOR STAFF FOLLOWING
TRUST SPONSORED EVENT
OUT OF TOWN OVERNIGHT.

12.b. Amount.

\$46.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employee: any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

NONE

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

-0-